ADULT HEALTH MAINTENANCE CHECKLIST

| Name: | | | | | D.O.B. | | Allergies: |
|----------------|---|------|---------|-----------|--------------|------------|------------------|
| Age: | | Sex: | Male | Female | | TB Risk: Y | N |
| Advance Y N | d Directive:18 & older Date Discussed: | | Primary | Language: | Interpreter: | Y N Iı | nterpreter Name: |

| Examination & Tests | Age Range | Frequency | DATE DONE | DATE DONE | DATE DONE |
|---|--|--|-----------------------------------|--------------|--------------|
| INITIAL HEALTH ASSESSMENT | 21 yrs. and older | Within 120 days of effective date with Plan or effective date with the PCP, including Dental | | | |
| Health Risk Assessment (ACE, SDOH, or CHA-mini cog) | 21yrs -64 yrs old (ACE or SDOH) CHA 65 years and older | Within 120 days of effective date with Plan or effective date with the PCP. Review yearly. | | | |
| IHEBA/"Staying Healthy" | 21 yrs. and older | Not mandated but continues to help with obtaining information for certain screenings | Document on Staying Healthy Form. | | |
| Well Check Visit | 21 yrs. and older | Based on patient's risk factors and USPSTF guidelines (age appropriate frequency) | | | |
| Abdominal Aneurysm Screen | 65 years-75 years old males | Screen one time for male smokers by Ultrasound per USPSTF guidelines | | | |
| Alcohol Misuse: Screen | 21 years and older | Every Well Check Visit perform screening(TAPS, etc.) | | | |
| Breast Cancer Screening | 50 years- 75 females | Every 1-2 years per USPSTF guidelines | | | |
| Cervical Cancer Screening | 21 years-65 years old | Every three years with cytology only and 5 years with combo cytology and HPV, per USPSTF guidelines | | | |
| Colon Screening | 45 years-75 years old | Every 10 years for colonoscopy, 5 years for sigmoid, or yearly fecal occult USPSTF Guidelines | | | |
| Depression Screening | 21 years and older | Assess at each well visit with PHQ9 | | | |
| Diabetic Screening and Comprehensive Care | 40 years- 70 years old | Glucose test for overweight/obese clients per USPTF. If abnormal glucose, provide counseling or intervention | | | |
| Drug Use Screening/Behavioral Counseling | 21 and older | Every Well check visit (CRAFFT,TAPS etc). If positive refer for counseling and/or treatment | | | |
| Dyslipidemia Screening | 40 years- 75 years old | Assess per USPSTF guidelines | | | |
| Folic Acid Supplementation | Capable of becoming pregnant (12-49 years old) | Per USPSTF guidelines- Assess/Counseling at each well visit | | | |
| HEP B Screening | All Adults | Screen per USPSTF guidelines/each well visit | | | |
| HEP C Screening | 21 years- 79 years old | Screen per USPTF guidelines /each well visit | | | |
| High Blood Pressure Screening | 21 years and older | Assess with each well visit USPSTF | | | |
| HIV Screening | 21 years-65 years old | Risk assessment at each well check visit | | | |
| Intimate Partner Violence | 21 years -49 years old female | Screen with each visit per USPSTF guidelines with validated screener (exp; HITS) | | | |
| Lung Cancer Screening | 50 years-80 years old | Annual low-dose (LDCT) for 20 pack-year smoking history and currently smoke or have quit within the last 15 years | | | |
| Obesity Screening | All Adults | Screen at each well check visit and counsel/intervention for BMI over 30 | | | |
| Osteoporosis | Women 65 and older or postmenopausal women younger than 65 with risk | Screen per USPSTF guidelines at each well visit | | | |
| Sexually Transmitted Infection (STI) Screening/Counseling | Sexually active up to 25 years old or older if high risk | Screen with each well check visit | | | |
| Skin Cancer Screening | 6 months- 24 years old (Young Adult/Parents of young children) | Counseling per USPSTF guidelines/ each well check visit | | | |
| Tobacco Use Counseling and Interventions | All Adults | Assess with each well check visit (TAPS etc.) | | | |
| TB Risk Assessment | All Adults | Assess on each well check visit | | | |
| Tetanus | All Adults | Every 10 years documented in CAIR/Immunization record or document refusal | | | |
| Influenza | All Adults | Assess annually or document refusal | | | |

| Pneumococcal | 65 and older | Per CDC guidelines/Assess at each well visit | | |
|-------------------------------|--------------------|--|--|--|
| | | or document refusal | | |
| Zoster | 50 years and older | Per CDC guidelines/Assess at each well visit | | |
| | | or document refusal | | |
| Varicella and MMR | All Adults | Evidence of Immunity/Assess at each well | | |
| | | visit (ex. titers, childhood acquired infection) | | |
| Vaccine documentation and VIS | All Adults | Document vaccine admin information and VIS | | |
| | | date in chart and CAIR | | |